



Attorney's Docket No.: 00786-527001  
Client's Ref. No.: 1832.3

# 3

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ACTIVATABLE IMAGING PROBES, the specification of which:

☐ is attached hereto.

☒ was filed on January 4, 2002 as Application Serial No. 10/039,831 and was amended on

☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/346,420	November 9, 2001	Abandoned
60/277,352	March 19, 2001	Abandoned
60/260,123	January 5, 2001	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

J. Peter Fasse, Reg. No. 32,983  
John W. Freeman, Reg. No. 29,066  
Charles H. Sanders, Reg. No. 47,053

Timothy A. French, Reg. No. 30,175  
John F. Hayden, Reg. No. 37,640

Address all telephone calls to J. PETER FASSE at telephone number (617) 542-5070.

Address all correspondence to J. PETER FASSE at:

FISH & RICHARDSON P.C.  
225 Franklin Street  
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

#3

**Combined Declaration and Power of Attorney**  
Page 2 of 2 Pages

Full Name of Inventor: RALPH WEISSLEDER  
Inventor's Signature: [Signature]  
Residence Address: 197 Eighth Street, Apt. 731, Charlestown, MA 02129  
Citizenship: Germany  
Post Office Address: 197 Eighth Street, Apt. 731, Charlestown, MA 02129

Date: 4/17/02

Full Name of Inventor: CHING-HSIUAN TUNG  
Inventor's Signature: [Signature]  
Residence Address: ~~5 Post Oak Lane, Apt. 19, Natick, Massachusetts 01760~~  
Citizenship: Taiwan  
Post Office Address: ~~5 Post Oak Lane, Apt. 19, Natick, Massachusetts 01760~~  
20 Maguire Road  
Wayland, MA 01778

Date: 4/17/02

Full Name of Inventor: UMAR MAHMOOD  
Inventor's Signature: [Signature]  
Residence Address: ~~10 Emerson Place, #24K, Boston, MA 02114~~  
Citizenship: United States  
Post Office Address: ~~10 Emerson Place, #24K, Boston, MA 02114~~

Date: 4/17/02

20397930.doc

11 WILLIAMS CIRCLE  
WINCHESTER, MA 01890

um 4/17/02